UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF WEST VIRGINIA

| Kenneth E ask | e 27977058 | | |
|---|-----------------------------------|--|--|
| (Entar above the full room of the state of | | | |
| (Enter above the full name of the plaintiff or plaintiffs in this action). | (Inmate Reg. # of each Plaintiff) | | |
| CIVIL ACTION NO. 5: 14-cv - 17976 (Number to be assigned by Court) | | | |
| cherokee co, 1 | Detention Center | | |
| murphy, Ne | | | |
| (Enter above the full name of the defendar or defendants in this action) | nt | | |
| CON | MPLAINT | | |
| I. Previous Lawsuits | | | |

| A. | Have you begun other lawsuits in state or federal court dealing with the same |
|----|---|
| | facts involved in this action or otherwise relating to your imprisonment? |
| | |
| | |

| II. | Plac | e of Present Confinement: Kola Block Loy |
|--------|--------|--|
| | A. | Is there a prisoner grievance procedure in this institution? Yes But l Marnt assaulted No at this prison |
| | В. | Did you present the facts relating to your complaint in the state prisoner grievance procedure? |
| | | YesNo |
| | C. | If you answer is YES: |
| | | 1. What steps did you take? |
| | | 2. What was the result? |
| | D. | If your answer is NO, explain why not: at the time I will some |
| III. | Parti | ies posability the stoff could place me in the |
| Done p | 20th A | em A below, place your name and inmate registration number in the first blank |
| | | place your present address in the second blank. Do the same for additional tiffs, if any.) |
| | Α. | Name of Plaintiff: Kenneth & Dole |
| | Do | Address: federal Correctional institution |
| | B. | CKley Po By 350 Beauer W.V. 25813 Additional Plaintiff(s) and Address(es): |
| | | |
| | | |
| | | |

C. Defendant: Long Mon her fust mome is employed as: The Sugart on duty

Late day his first mome

May have a first mome for the sugart of duty

Most day his first mome

May mel

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any

IV. Statement of Claim

State here as briefly as possible the <u>facts</u> of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Lhave evidence that one of the jailors, at cherokee CD. Detention center, deliberatly unlock a lectic door and if imales come into my Room and assaulted me this assault was withmess by my known mates there momes one I glen aske, paul outs today ackson, these some imates, have assaulted several a private her opening the case 2.14-cypy 25-FDW pocument? Filed psinoth, Page 35-FDW to me, she know pocument? Filed psinoth, Page 35-FDW to me, she know pocument? Filed psinoth, Page 35-FDW to me, she know pocument? Filed psinoth, Page 35-FDW to me, she know pocument? Filed psinoth, Page 35-FDW to me, she know pocument? Filed psinoth, Page 35-FDW to me, she know pocument? Filed psinoth, Page 35-FDW to me, she know pocument? Filed psinoth, Page 35-FDW to me, she know pocument?

| IV. Statement of Claim (continued): |
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| there where sixtures took, and reports |
| mode By officers at the sail a l'haux |
| Been in medical ever since the ottack |
| I have several doctors opions al housen |
| regained the use of my to arm, lue |
| tried theropy ect. I had a MRI on |
| 5/14/14 But I am in pain soul was |
| unoble to use my arm helly on of mow |
| and may meller reagin hell like of my own. |
| V. Relief |
| State briefly exactly what you want the court to do for you. Make no legal arguments. |
| State offerivexactive what you want the court to do for you. Make no legal arguments. |
| Cite no cases or statutes. |
| |
| |
| |
| L'ant Fron if I will we be oble to use my orn fully orgain due to the failor factor |
| Cite no cases or statutes. Adopt From if I will wer Be able to use my arn fully again due to the failur lactor I don't know if she wasn't trained |
| Cite no cases or statutes. Lant know if I will live Be able to use my arm fully again due to the failor factor Lant know if she was deliberate. Correctly or if it was deliberate. |
| Cite no cases or statutes. I don't smow if I will were Be able to use my arn fully orgain due to the failors actor. I don't smow if she was soliberate, Correctly or if it was soliberate, Levert the court to appoint me De attorney to Repersont me for the lost |
| Cite no cases or statutes. I don't show if I will were Be able to use my arn fully orgain due to the failors factor. I don't know if she was stellberate, Correctly or if it was stellberate, I want the court to appoint me De attorney to Repersont me for the lost |
| dont mow if I will we be able to use my orn fully orgain due to the factoristato. I don't know if she wasn't trained correctly. or if it was deliberate L want the court to appoint me a attorney to Regersent me for the lost of my arm, and the pain I have |
| dont mow if I will we be able to use my orn fully orgain due to the factoristato. I don't know if she wasn't trained correctly. or if it was deliberate L want the court to appoint me a attorney to Regersent me for the lost of my arm, and the pain I have |
| dont know if I will wer Be able to use my orn fully orgain due to the failors actor l don't know if she wasn't trained Correctly. or if it was deliberate, L want the court to appoint me a attorney to Repersent me for the lost of my orn, and the pain I have |

IV. Statement of Claim (continued):

| V. | Relief (continued)): | |
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| at h | his hopen in the western District | f 5 |
| est. | no chila lulas Remino hold | |
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| <u> 201</u> | the nothing policy in court | , Cc |
| The | tention Center in muspy | |
| Ple | case followords my 42 USC. 1983 comp | lout |
| Do | clerk of court 100 otis street | |
| VII. | Counsel Us New 28801, while success | |
| | A. If someone other than a lawyer is assisting you in preparing this case, state the | |
| | person's name: | |
| | rwne | |
| | | |
| | | |
| | | |
| | If so, state the name(s) and address(es) of each lawyer contacted: | |
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| ALLON AND AND AND AND AND AND AND AND AND AN | | |
| | If not, state your reasons: In realising my orn me | 1 |
| | mollor Botho somo a sono sunder de | LO |
| | process my righto have been to | te |
| | C. Have you previously had a law yet representing you in a civil action in this court? | _ |
| | Yes No | |
| | v. set Set De Pla viii. | gt no, while I was Bening held but the holding facility at charokee Detention Centic in many no. Please forwards my 42 USC. 1983 Comp to Clock of Court 100 at is street. VII. Counsel we will a N.C. 28801, white states A. If someone other than a lawyer is assisting you in preparing this case, state the person's name: Mome |

| If so, state | the lawyer's name | and address: |
|--|-------------------|-------------------------------|
| | | |
| Signed this | day of | |
| | | - |
| | - | |
| | Signature | neth E aske of Plaintiffs |
| I declare under penalty o Executed on | | oregoing is true and correct. |
| | KEN | INETH E AShE |
| | Signature | e of Movant/Plaintiff |
| Signature of Attorney (if any) | | |

Kenneth Aske 27977-058
Fedral correctional Institutition Backley
P.O. Box 350

Beaver WU, 25813

⇔27977-058⇔
Clerk Clerger
ROOM II9
110 N Heber ST
Unitdstatedistrict C OURT
Beckley, WV 25801
United States

